

DELINEATION OF CLINICAL PRIVILEGES - PSYCHIATRY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Physicians not board eligible in psychiatry with little or no residency training, but with considerable experience in the care of mental disorders and qualified for the general practice of medicine.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

A psychiatrist who is board eligible in Psychiatry.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Psychiatrists who are board certified by the American Board of Psychiatry and Neurology or its equivalent.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II, and III.

Specialized fellowship training beyond board eligibility or board certification in General Psychiatry. Requires extensive subspecialty fellowship training or experience in the areas noted below.

Requested	Approved	
		Category IV clinical privileges

Subspecialties

Requested	Approved		Requested	Approved	
		a. Child Psychiatry			f. Geriatric Psychiatry
		b. Psychoanalysis			g. Consultant-Liaison Psychiatry
		c. Child Psychoanalysis			h. Addictions Medicine
		d. Forensic Psychiatry			i. Psychopharmacology
		e. Administrative Psychiatry			

Privileges Requested

Requested	Approved		Requested	Approved	
		a. Assessment and Diagnosis of Mental Disorders			(2) Psychotherapy
		b. Inpatient Psychiatric Treatment			(a) Family
		c. Alcohol/Substance Abuse Treatment			(b) Group
		(1) Residential Treatment Services			(3) Psychopharmacotherapy
		d. Adult Psychotherapy			f. Somatic Therapy
		(1) Individual			(1) Psychopharmacotherapy
		(2) Marital			(2) Biofeedback Therapy
		(3) Family			(3) Electro-Convulsive Therapy
		(4) Group			(4) Amytal Interview
		e. Child and Adolescent Psychiatry			
		(1) Assessment and Diagnosis			

Privileges Requested (Continued)					
Requested	Approved		Requested	Approved	
		g. Consultation			(3) Child Psychoanalysis
		(1) Command			(4) Geriatric Psychiatry
		(a) Command-directed Behavioral Health Evaluations			(5) Behavior Therapy
					(6) Gestalt Therapy
		(b) Psychological Autopsies			(7) Hypnotherapy
		(2) Medical/Surgical Activities			(8) Evaluations for Dangerousness: Suicidality/Homicidality/Assaultive Potential
		(3) Community Organizations			
		(4) School			
					i. Research
		h. Specialized Skills			j. Other (Specify)
		(1) Forensic Psychiatry			
		(2) Psychoanalysis			

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications (Specify below) ☐ Disapproval (Specify below) ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE	DATE (YYYYMMDD)
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SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications (Specify below) ☐ Disapproval (Specify below) ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE	DATE (YYYYMMDD)
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EVALUATION OF CLINICAL PRIVILEGES - PSYCHIATRY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Subspecialties			
	a. Child Psychiatry			
	b. Psychoanalysis			
	c. Child Psychoanalysis			
	d. Forensic Psychiatry			
	e. Administrative Psychiatry			
	f. Geriatric Psychiatry			
	g. Consultant-Liaison Psychiatry			
	h. Addictions Medicine			
	i. Psychopharmacology			
	Privileges Requested			
	a. Assessment and Diagnosis of Mental Disorders			
	b. Inpatient Psychiatric Treatment			
	c. Alcohol/Substance Abuse Treatment			
	(1) Residential Treatment Services			
	d. Adult Psychotherapy			
	(1) Individual			
	(2) Marital			
	(3) Family			
	(4) Group			
	e. Child and Adolescent Psychiatry			
	(1) Assessment and Diagnosis			
	(2) Psychotherapy			
	(a) Family			
	(b) Group			
	(3) Psychopharmacotherapy			
	f. Somatic Therapy			
	(1) Psychopharmacotherapy			
	(2) Biofeedback Therapy			
	(3) Electro-Convulsive Therapy			

CODE	Privileges Requested <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	(4) Amytal Interview			
	g. Consultation			
	(1) Command			
	(a) Command-directed Behavioral Health Evaluations			
	(b) Psychological Autopsies			
	(2) Medical/Surgical Activities			
	(3) Community Organizations			
	(4) School			
	h. Specialized Skills			
	(1) Forensic Psychiatry			
	(2) Psychoanalysis			
	(3) Child Psychoanalysis			
	(4) Geriatric Psychiatry			
	(5) Behavior Therapy			
	(6) Gestalt Therapy			
	(7) Hypnotherapy			
	(8) Evaluations for Dangerousness: Suicidality/Homicidality/Assaultive Potential			
	i. Research			
	j. Other <i>(Specify)</i>			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

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NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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